## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

serial no. 10*/5996*86

*996*86

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1*AMENDMENT		AFTER  2 ** AMENDMENT				AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT	
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